

FILED

APR 14 2022

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY GR
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

Charles Ellis

(Name of Plaintiff)

17810 Industrial Rd

(Address of Plaintiff)

Bakersfield, Ca 93308

Lerdo Justice Facility.

vs.

1:22CV000436-BAM(PC)

(Case Number)

COMPLAINT

THE COUNTY OF KERN

AND "DEPUTY GIFFORD"

at Lerdo Jail facility

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner:

☒ Yes

☐ No

B. If your answer to A is yes, how many?: (1) Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff Charles P. Ellis / SR Center

Defendants DR. SNOW KERN Medical Center

RECEIVED Failed to raise a claim - Dismissed.

APR 14 2022

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/99

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____ DEPUTY CLERK

2. Court (if Federal Court, give name of District; if State Court, give name of County)

US DISTRICT COURT Eastern District Fresno CA

3. Docket Number I am NOT IN Possession of the INFO

4. Name of judge to whom case was assigned Magistrate (B.A.M.)

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

DISMISSED w/o Prejudice

6. Approximate date of filing lawsuit 2019

7. Approximate date of disposition 11

II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution?

☒ Yes

☐ No

B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes

☐ No

If your answer is no, explain why not _____

C. Is the grievance process completed?

☒ Yes

☐ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant Deputy Gifford is employed as Kern County
Deputy Sheriff at Ardo Jail facility

B. Additional defendants The County of Kern as
Employer of Deputy Gifford

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

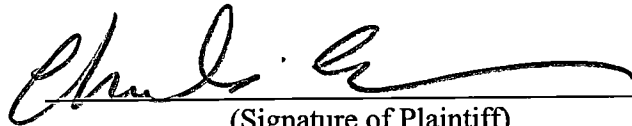
ON 3.22.22 I WAS IN COURT and I was involved in an altercation in which OFFICER GIFFORD and other officers used EXCESSIVE force upon my person that was UNWARRANTED. I WAS FULLY RESTRAINED in handcuffs waist chains and shackles. DEPUTY GIFFORD pulled the lower part of my pants down, during this incident and put his hand in my buttocks in between the cheeks. This sexual abuse has left me in fear of my safety. I have filed an inhouse complaint

V. Relief.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

I Want monetary compensation for the sexual abuse that I suffered, as well as the mental anguish and paranoia, and pain and suffering, and also for the physical abuse and bruises left upon my person from their fists. ALSO that DEP GIFFORD Be fired for his lack of protocol, and utter disregard for Rules and Regulations

Signed this 7th day of April, 2022

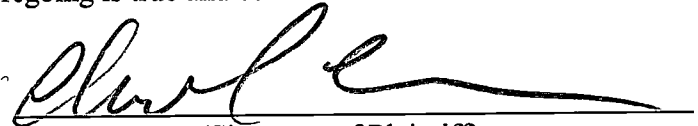


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

4.7.22

(Date)



(Signature of Plaintiff)